

STATE TRAUMA ADVISORY BOARD
MINUTES
September 23, 2004
150 North 18th Avenue, Conference Room 540-A

Members Present:

Ben Bobrow (Chairman)	
Steve Thompson	John Porter
Scott Petersen	Jeff Farkas
Dan Judkins	Mark Venuti
Bill Ashland	
Stuart Alt	
Rich Thacher	

Members Absent:

Debbie Johnston
Stewart Hamilton
Ingrid Bachtel
Alex Wilcox
Peter Hershfield
David Bank
Charles Frank Allen

I. CALL TO ORDER

Ben Bobrow, Chairman, called the regular meeting of the State Trauma Advisory Board to order at 9:15 a.m. A quorum was present.

II. DISCUSS/AMEND and/or APPROVAL OF MINUTES

A motion was made by Stuart Alt and seconded by Rich Thacher to approve the minutes of January 22, 2004, and August 16, 2004, with no corrections and to approve the agenda for September 23, 2004. **Motion carried.**

III. REPORT FROM THE OFFICE OF THE DIRECTOR

Rose Conner, Assistant Director, Division of Public Health Services, introduced Dr. Ben Bobrow as the new Medical Director for the Bureau of EMS. She then provided an update regarding Departmental and Bureau issues including specific Bureau staffing changes and the relocation of the trauma registry to the Office of Public Health Statistics.

Scott Petersen inquired about a STAB representative participating in the interview panel for a new Bureau Chief. Rose Conner will discuss with the Director to determine how they will proceed.

IV. ANNOUNCEMENT/INTRODUCTION OF BEMS MEDICAL DIRECTOR

Ben Bobrow provided a brief summary of his background, stated that he looks forward to working with STAB and the EMS/Trauma Community, and thanked those with whom he has recently communicated.

V. CHAIRMAN'S REPORT

A. Membership Update – Dona Markley announced that there are currently three vacancies on the board and that the Director has reappointed four members. House Bill 2197 added a new member to represent a tribal health organization. Recommendations for this category are being accepted.

B. Introduction of New Members – Dona Markley announced that the Director appointed Debbie Johnston to fulfill the category of "Representative from a Statewide Hospital Association."

VI. COMMITTEE/WORKGROUP REPORTS

- A. STAB Executive Committee** – The last meeting of the STAB Executive Committee was October 28, 2003. It was recommended that the role and purpose of the committee be reviewed and possibly redefined in lieu of the 2004 statutory changes.
- B. AZTQ Committee** – The committee was composed of trauma coordinators and trauma registry personnel charged with defining the data elements of the trauma registry. The completed data elements were presented to STAB. It was then determined that the committee discontinue meeting until the designation process was in place. The committee would then reconvene to oversee the quality of trauma centers.
- C. Trauma Registry Users Group (TRUG)** – TRUG has always been a task force group and not a standing committee of STAB. TRUG meets to discuss data collection and data elements. Any questions that TRUG members have regarding the data elements are presented to STAB. It was recommended that TRUG continue to meet regularly and be added as a standing committee.
- D. STAB Roles and Responsibilities** – This work group was formed at the STAB retreat of November 14, 2003, to identify the mission and vision of STAB and define the new role and responsibilities reflecting the broad membership. This group did not meet, as it was dependent on the passage of House Bill 2197, specifically, A.R.S. § 36-2222, which provided for the continuation of STAB. The newly amended statute identifies the role and responsibilities of STAB. It was recommended that the STAB Executive Committee meet to clearly delineate STAB's role and responsibilities, review and update the bylaws if necessary, and establish its' vision and mission.
- E. Trauma Data** – This workgroup was asked to evaluate the status of the trauma registry and where it needed to go. Dan Judkins reported that although the committee did meet and develop a list of questions concerning the status of the trauma registry, the data, and the process, it would not present a summary of the results in light of the fact that very positive changes have now taken place with the transfer of the registry to the Bureau of Health Statistics, Office of Health Registries, under Richard Porter and Georgia Yee. Richard Porter reported to the Board on the current status of the registry, short-term goals, and long-term goals, including:
- Georgia Yee has the primary responsibility for the trauma registry;
 - The equipment has now been moved and they are in the process of going through boxes of data;
 - A position has been created whose sole responsibility is the trauma registry - interviewing to begin in the next few weeks;
 - They met with different registrars from the hospitals;
 - They are in the process of working with the two vendors;
 - 10 hospitals are currently reporting;
 - There are inconsistencies from hospital to hospital with data definitions and coding;

- Training from Trauma One and Collector is a need;
- Reviewing the vendor contracts;
- Re-establish a process for collecting data;
- Continue to work with the two software companies;
- Conversion of the data currently in the registry not usable yet;
- Look over the data from the last 10 years to make usable;
- Use well-defined data elements;
- Need good written documentation;
- Establish better communications with the hospitals and work closely with them;
- Provide regular reports to the hospitals and at each STAB meeting
- Establish quality control process;
- Convert to Oracle database (long-term goal) - provides for network backup.

Related recommendations made in the meeting included:

- Involve Public Health Statistic's staff in all subcommittee meetings and STAB meetings to keep apprised of any changes involving the registry;
- Hospitals continue to submit data quarterly;
- Hospitals must submit trauma data to AHCCCS in order to receive funding;
 - ADHS submit hospital trauma registry data to AHCCCS,
 - Rose to discuss with the Director;
- No major changes may be made to the data elements unless reviewed and approved by STAB;
- Compile a list of hospitals that have submitted data, those that have not submitted data, and if not, how far behind they were in submitting their data.

Dr. Thompson inquired about ADHS providing Trauma One software to other rural hospitals interested in participating in the registry. This is an issue that ADHS staff will need to look into.

- F. State Regional Resources and Assessments** – The purpose was to analyze the regional assessments conducted to identify gaps in the EMS and trauma system. This group did not meet. An appropriate assessment tool needs to be developed and distributed to the regional councils to compile this data on an annual basis. Following discussion, Rose Conner recommended that Jane Wixted be invited to the next meeting to review the status of their regional planning efforts for hospital preparedness and determine how the EMS assessments may be integrated into the preparedness plan.

Item: Status of Hospital Preparedness Program's regional planning and integration of the EMS assessments
Follow up: Next STAB Meeting
When: November 4, 2004
Who: Vicki Conditt

- G. Designation/Verification of Trauma Centers Work Group** – The group met several times. The group was composed of STAB members and non-STAB members. After several meetings, the group submitted suggestions. These suggestions were used to develop the initial working draft. The first meeting of the STAB Verification/Designation Workgroup was held September 1, 2004, and the initial working draft was reviewed. The stakeholder suggestions were discussed and incorporated into revision two of the draft. The next meeting of the work group is October 4, 2004, and revision two will be reviewed.

VI. OLD BUSINESS

- A. Trauma Legislation** – HB 2197 became effective August 25, 2004. This bill amended A.R.S § 36-2222 and added A.R.S § 36-2225. There has been a request from Legislative Council concerning the statutory authority to proceed with the designation process as described in the draft rules for the designation of trauma centers. The draft rules require an on-site survey by the American College of Surgeons (ACS) for the designation of trauma centers based on state standards, and the verification of trauma centers based on ACS standards. Legal representatives for the Department have rendered the opinion that the Department does not have the statutory authority to delegate the designation of trauma centers based on state standards to a third party, in this case, ACS. Rose Conner and Mike Fronske will meet with the Director this week to talk about strategies for resolving this issue. The Office of Administrative Rules and the Assistant Attorneys General are considering appropriate statutory authority language. In the interim, the rules process will move forward.

B. Modification of EMS and Trauma Systems Plan

1) Include Field Trauma Triage for Pediatrics in EMS and Trauma Plan

2002- 2005, Appendix A (Information) – There was discussion concerning the addition of pediatric-specific inclusion criteria of "falls twice the height of the patient" vs. "falls greater than 10 feet." Dr. Bobrow asked Dan Judkins to research and report back to STAB at the next meeting.

Item: Field Trauma Triage for Pediatrics in EMS and Trauma Plan 2002-2005, Appendix A

Follow up: Next STAB Meeting

When: November 4, 2004

Who: Dan Judkins

2) Clarification of Trauma Patient Inclusion Criteria – There was discussion concerning the footnote added at the bottom of the revised "Trauma Patient Registry Inclusion Definition" document. A motion was made by Dan Judkins and seconded by Stuart Alt to amend this document by moving the footnote under item #5 and add "OR" to each of the items listed under item #5 for consistency.

Motion carried. Following additional discussion, a motion was made by Dan Judkins and seconded by Stuart Alt that the footnote apply to both items 5 and 6.

Motion carried. The copy in the trauma plan cannot be changed, but the separate guidance document will be changed. Bureau staff will disseminate the revised document and update the website accordingly.

VII. NEW BUSINESS

- A. Trauma Center Designation Rules** – Dona Markley distributed and briefly reviewed the Notice of BEMS Administrative Rulemaking Activity. This document describes the current rulemaking activities underway. Also included was a copy of the initial working draft, revision 2, rules for designation of trauma centers. Ms. Markley explained that this draft incorporated two additional changes made after the work group meeting. The two changes made were as follows:

1. R9-25-1304, section title is amended to read "Application and Initial Designation Process"; and
2. Exhibit 1, Arizona Trauma Center Standards, the "desirables" (Ds) have been deleted.

Revision 2 will be discussed at the workgroup meeting on October 4, 2004.

B. 2005 Meeting Schedule

A motion was made by Stuart Alt and seconded by Dan Judkins to approve the 2005 Meeting Schedule. **Motion carried.**

C. Next STAB Executive Committee Meeting

Dr. Bobrow will discuss with Dr. Petersen.

IX. CALL TO THE PUBLIC

Dr. Porter stated that he is a member of the Disaster Medical Assistance Team, which provided six individuals to assist the efforts in Florida to deal with hurricane Ivan. The team has 131 healthcare professionals.

X. TRAINING OR EDUCATIONAL ANNOUNCEMENTS

The annual Southwest Regional Trauma Conference will be held on October 7 – 8, 2004, in Tucson.

XI. NEXT MEETING

The next regular STAB meeting is November 4, 2004.

XII. ADJOURNMENT

The meeting adjourned at 11:05 a.m.

Approved by STAB on 11/4/04